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### Amended CLAIMS

1. The subject is about an in vivo, intravenous, myoglobin-trapping filter, based on antimyoglobin antibodies coat, that traps myoglobin from inside venous blood vessels, able to be introduced to the venous circulation percutaneously through the internal jugular vein (or any other suitable vein), in case of rhabdomyolysis of acute etiologies (e.g. acute limb ischemia, neuroleptic malignant syndrome, or traumas).

2. The filter according to claim 1 which is coated with antimyoglobin antibodies of any suitable type.

3. The filter according to claim 1 wherein the filter is left in the vein to trap the myoglobin molecules until the filter is saturated, and then the filter is removed.

4. The filter according to claim 1 wherein the procedure of introducing the filter through the internal jugular vein can be carried out in the same accident location, (i.e. there is no need to transport the victim).

5. The filter according to claim 1, of which the process of introducing & removing is a percutaneous procedure.

6. The filter according to claim 1, where the ease of its way of introduction & retrieval is not more difficult than introducing a central venous cannula, which is currently a routine procedure in such cases.

7. The filter according to claim 1, of which the functionality depends on trapping myoglobin molecules from the blood stream

before they cause their harmful effect; instead of waiting for the occurrence of that harmful effect to be treated.

8. The filter according to claim 1, of which the functionally active area of the filter is its whole surface area already present in the blood stream from its point of insertion into the internal jugular vein and until its tip.

9. The filter according to claim 1 wherein the time limit for leaving & removing the filter is just sufficient for the antibodies to get bound to the myoglobin. This time is by all possible means too little to allow for the development of anaphylaxis or thrombosis.